

Our Docket No: 42390P8193

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 16 2004

In re Application of:)

Mark Sean Hefty, et al.)

Examiner: Nguyen, Thanh T.)

Application No: 09/576,038)

Art Unit: 2144)

Filed: May 23, 2000)

For: METHOD AND SYSTEM FOR
COMMUNICATING BETWEEN MEMORY
REGIONS)

OFFICIAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313PETITION FOR EXTENSION OF TIME
PURSUANT TO 37 C.F.R. § 1.136(A)

Sir:

Applicants respectfully request a Three Month Extension of Time to file a Response to Office Action mailed February 17, 2004. The extended period expires August 17, 2004.

The Commissioner is authorized to charge our Deposit Account No. 50-0221 for the charges associated with such an extension.

Respectfully submitted,

Date: August 16, 2004Libby H. Hope, Patent Attorney
Reg. No. 46,774
Patent Practice Group
INTEL CORPORATIONc/o Blakely, Sokoloff, Taylor & Zafman
12400 Wilshire Boulevard
7th Floor
Los Angeles, California 90025-1030
(949) 498-0601

10/20/2004 BTURNER 00000003 500221 09576038

01 PAGE:19/19 * RCVD AT: 8/16/2004 7:47:58 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-1/0 * DNS:8729306 * CSID:9494980601 * DURATION (mm-ss):05-04

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/576038

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	25 minus 20 = 5	
INDEPENDENT CLAIMS	4 minus 3 = 1	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A				
Total	31	Minus	21	=
Independent	4	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B				
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C				
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	90
X78=	78
+260=	
TOTAL	858

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

Best Available Copy